

## **MEDICAID-PEACHCARE – Banner Notification 10/13/2003: IMPORTANT UPDATE FOR PHARMACY PROVIDERS**

### **GMAC Increases Effective 11/13/2003**

Fluocinolone Acetonide 0.01% Solution	0.1364
Pindolol 5mg Tablet	0.3528
Pindolol 10mg Tablet	0.4716

### **GMAC Decreases Effective 11/13/2003**

Propoxyphene Napsylate/Apap 100/650	0.1800
Ipratropium Bromide 0.02% Solution	0.2340
Aspirin/Butalbital/Caffeine Tablets	0.2400

### **Voluntarily Terminated Labelers Effective 01/01/04**

PECOS PHARMACEUTICAL (LABELER CODE 59879)

PLEASE SHARE THIS INFORMATION WITH APPROPRIATE STAFF. IF YOU ARE THE CORPORATE OFFICE OF A CHAIN PHARMACY, PLEASE PROVIDE THIS INFORMATION TO EACH OF YOUR STORES LOCATED IN GEORGIA. IF YOU HAVE ADDITIONAL QUESTIONS OR CONCERNS REGARDING THIS NOTIFICATION, PLEASE CONTACT ETTA HAWKINS, OR PAT ZEIGLER-JETER AT (404) 656-4044.

## **EFFECTIVE OCTOBER 1, 2003**

The Medicaid program will experience a change in the current pharmacy co-payment requirements effective October 1, 2003, for those members with a co-payment. Essentially, the co-payment requirements will revert to the pre -June 1, 2003 requirements as described below. Medicaid members with a co-payment will receive a written notification during the month of October.

<b>Category</b>	<b><i>Copay</i></b>
Generic	\$0.50
Preferred Brand	\$0.50
Non-Preferred Brand	Under \$10.00 = \$0.50 \$10.01-\$25.00 = \$1.00 \$25.01-\$50.00 = \$2.00 \$50.01 or more = \$3.00

Contact the Express Scripts Provider Help Line at 877-650-9340 if you have any questions regarding the preferred status of a drug or the prescription drug benefits available under Georgia Medicaid.